

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/595537

FILING DATE

03 MAR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
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5		/		/		
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7		/		/		
8		/		/		
9		2		/		
10		11		/		
11		10		/		
12		1		/		
13		/		/		
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15		/		/		
16		/		/		
17		2		/		
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50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	24	←	22	←		←
TOTAL CLAIMS	25		23			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						